



Please type a plus sign (+) Inside this box → +

RECEIVED 47
DEC 03 2002
TECH CENTER 1600
PTO/SB/125 (10-00)
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CORRESPONDENCE ADDRESS INDICATION FORM

Address to:

Assistant Commissioner for Patents
Box CN
Washington, DC 20231

#19
M.9.1
12/18/02

Please recognize the following address as the correspondence address:

Customer Number

23117

Place Customer Number
Bar Code Label here

OR

Type Customer Number here

Request for Customer Number (PTO/SB/125) submitted herewith.

In the following listed application(s) or patent(s) :

Patent Number (if appropriate)	Application Number	Patent Date (if appropriate)	U.S. Filing Date
	09/423,516		2/10/00

Typed or Printed Name	B. J. Sadoff	(check one) <input type="checkbox"/> Applicant or Patentee <input type="checkbox"/> Assignee or record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. <input checked="" type="checkbox"/> Attorney or Agent of record 36,663 F1 (Reg. No.)
Signature		
Date	11/27/02	
Address of signer:	NIXON & VANDERHYE, 1100 N. Glebe Rd. 8th Arlington, VA 22201	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

*Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box CN, Washington, DC 20231.